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Maxim Health Information Services (MHIS) provides superior quality [coding, auditing, clinical documentation improvement, and health information technology services](#) to healthcare organizations across the country. MHIS offers on-site coding support, remote coding services, auditing and review services, education and training, HIM outsourcing solutions, and services to the Department of Veterans Affairs' Medical Centers. MHIS provides qualified healthcare professionals to customers to meet their needs in an efficient and cost-effective manner. MHIS has some of the

Welcome to the September issue of Maxim Coding CornerSM! As a leader in the HIM industry, [Maxim Health Information Services](#) is committed to providing you with coding-related topics that matter to you. This month, we are focusing on coding for pregnancy. Read on below to learn more and be sure to look for information at the end of this article about our new [Ask a Coding Question](#) feature!

Coding for Pregnancy

Reminders for proper coding of Chapter 11 ICD-9-CM codes (630-679)

- All conditions in pregnancy are to be coded as complications
- It is very rare, but there are times when a provider will state that a problem is incidental to the pregnancy. In this instance, code V22.2 is assigned in place of a Chapter 11 code. This is not very common, so be sure to double check the documentation before assigning this to an account.
- Be sure to pay close attention to the fifth digits for codes for Chapter 11. The fifth digits below denote the episode of care for codes 640-649, 650-676, and 678-679:
 - -0- Unspecified
 - -1- Delivered with/without mention of antepartum conditions
 - -2- Delivered with mention of postpartum complications
 - -3- Antepartum conditions or complications
 - -4- Postpartum conditions or complications

Coding routine prenatal visits with no complications:

- Code V22.0 (first pregnancy), V22.1 (subsequent pregnancy) or V22.2 (pregnant state, incidental) should be assigned
- Codes V22.0-V22.2 should not be assigned when a complication of pregnancy is present
- These codes are not to be used in conjunction with codes

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from Chapter 11

- For high-risk prenatal patients use V23.X (supervision of high risk pregnancy)
- V23.X should be listed first and secondary Chapter 11 codes may be assigned
- Current conditions complicating pregnancy codes to 648.XX

These codes are used when the patient has a current condition affecting the management of the pregnancy. As appropriate, use additional codes from other chapters to identify the conditions.

HIV in Pregnancy

If a pregnant patient has an HIV-related illness or AIDS, code 647.6X is assigned as the principal diagnosis followed by code 042 and the code for the HIV-related illness. If the pregnant patient is HIV positive or has an asymptomatic HIV infection, assign codes 647.6X and V08 in that sequence.

Diabetes in Pregnancy

Diabetes mellitus is a significant complicating factor in pregnancy. Pregnant women who are diabetic should be assigned code 648.0X, Diabetes mellitus complicating pregnancy, and a secondary code from category 250, Diabetes mellitus, to identify the type of diabetes.

- Code V58.67, Long-term (current) use of insulin, should also be assigned if the diabetes mellitus is being treated with insulin

Gestational diabetes can occur during the second and third trimester of pregnancy in women who were not diabetic prior to pregnancy. Gestational diabetes can cause complications in the pregnancy similar to those of pre-existing diabetes mellitus. It also puts the woman at greater risk of developing diabetes after the pregnancy.

- Gestational diabetes is coded to 648.8X, abnormal glucose tolerance
- Codes 648.0X and 648.8X should never be used together on the same record
- Code V58.67, Long-term (current) use of insulin, should also be assigned if the gestational diabetes is being treated with insulin

Hypertension in Pregnancy

- Assign code 642.3X for gestational hypertension
- Code 642.3X also includes documentation of transient hypertension in pregnancy and pregnancy-induced hypertension
- Assign code 642.0X for Chronic hypertension

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- Chronic hypertension is elevated blood pressure that appears before 20 weeks of pregnancy and lasts more than 12 weeks after delivery
- Code 642.0X includes the following diagnoses:
 - benign essential hypertension in pregnancy
 - chronic hypertension in pregnancy
 - essential hypertension in pregnancy
 - preexisting hypertension in pregnancy
- Code 642.1X includes hypertension secondary to renal disease complicating pregnancy
- Assign a code from category 405 as secondary diagnosis to identify the type of secondary hypertension present
- The following diagnoses are included in code 642.2X:
 - Hypertensive heart disease in pregnancy
 - Hypertensive heart and renal disease in pregnancy
 - Hypertensive renal disease in pregnancy (Note: hypertension secondary to renal disease is assigned to code 642.1X)
 - Malignant hypertension in pregnancy
- Additional codes are assigned as secondary diagnoses to identify the specific type of hypertensive heart and/or renal disease (categories 402-404), chronic kidney disease (category 585), or heart failure (category 428), if present
- If a patient with preexisting hypertension develops preeclampsia or eclampsia during the current pregnancy, code 642.7X is assigned
- Code 642.9X is assigned if hypertension is documented during the current pregnancy, but it is not specified as transient/gestational or preexisting

Postpartum Period

If a patient is admitted within six weeks after delivery, assign the postpartum complication code as the principal diagnosis.

- A postpartum complication is any complication occurring within the six-week period following delivery
- However, if the physician specifically documents that it is not a postpartum complication, the condition will be coded as normal and you will not assign a pregnancy-related code
- If the physician documents a postpartum condition, even after the six-week time frame, the condition should be coded as postpartum
- As appropriate, use additional codes from other chapters to identify the conditions

Coding routine postpartum visits with no complications

Postpartum examination and care

- V24.0 (Use as primary diagnosis only)
 - Immediately after delivery for care and

- observation in uncomplicated cases
- V24.1 (Use as primary diagnosis only)
 - Supervision of lactation
- V24.2 (Use as primary diagnosis only)
 - Routine postpartum follow-up

Ask a Coding Question

Have a coding-related question that you would like to get answered by an MHIS coding expert? Visit our new ["Ask a Coding Question"](#) page to submit your question for review. If your question is selected as the **Coding Question of the Month**, a full answer will be posted on our website for you and all MHIS website visitors to reference!

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